

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/76343

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	3					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	4					
21	0					
22	0					
23	0					
24	0					
25	/					
26	/					
27	2					
28						
29						
30						
31						
32						
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49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	31	◀	◀	◀	◀	◀
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		◀	◀	◀	◀	◀
TOTAL CLAIMS						